of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NONCAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

OCCUPA-

) Jo

1. PLACE OF DEATH			310
County Wiesm	ico	Registration Dist. No. 330	4
Village Dr City	7/ 1/	ND. St.,St.,St.,St.,St.,	
201	1-1-1-0	ds. How long in U.S. if of foreign birth?yrsmos	sds.
2. FULL NAME	1 1 0 0 .	If U. S. Veleran, specify WAR	
(a) Residence: No.	(Usual place of nhode)	St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193.7 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Clara (	?. Bounds	22.   HEREBY CERTIFY. That   attended d	eceased from
6. DATE OF BIRTH (month, dey, and year)	Mar, 30, 1850	I last saw has aliva on Feb 4 , 1937;	death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the dete statad above, at 9.30 Pm.	
86 2	6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated ceuses of Importanca wera as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Intractor & Builde	Chronel Valordas Plesano	(3)
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc		7	
	11. Total tima (yaars) spent In this occupation 65-44		
12. BIRTHPLACE (city or town)	dela Springs	Other Contributory Causes of Importance:	**********
	Laryland V		
14. BIRTHPLACE (city or town)	ar Princes and	Name of operation	
(Stata of country)	rangeland	What test confirmed diagnosis? Was there an au	lopsy?
15. MALDEN NAME Tache	l Bedsworth	23. If death was due to axtarnal causes (VIDLENCE) fill in also the following:	
15. MATDEN NAME Rache 16. BIRTHPLACE (city or town). Man	Princeso aux	Accident, sulcide, or homicide? Date of injury	, 19
(State or country)	Maryland	Whera did Injury occur?(Specify city or town, county and State	)
17. INFORMANT Paul It. (Addrass) Richmon	A Virginia	Spacify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	00 0 0 30	Mannar of Injury	
m. Pace hunch your	2. Data Het 1937	Nature of Injury	
19. UNDERTAKER Will (Address)	Johnson Co	24. Was disease or Injury In any way releted to occupation of deceased?	
20. FILED Feb 8 , 19.37 %	Al Abrilan	(Signed) It S. Tulluan (Addrass) Sharptony	M. 9

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

V. S. No. 1

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
est.		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	100 - 90	
	1915 1921 Julyb 1927	of importance were as follows:  Attack of epilepsy  Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING Sao instructions B.—WRITE PLA

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH 2211
county the Comile	Registration Dist, No. 333
Village or City Salishy Md (If	No. St., Will death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME LATY I Junge 13	Veterap sperty WAR
(a) Residence: No. (Usual place of above)	If nonrespent give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (whice the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yéar
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased.
1.1 11. 193-	Mel Com 6 was
DATE OF BIRTH (month, day, end year)  AGE Years Months Days It LESS than	to have occurred on the data stated above, at 150 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, protession, or particular	were as follows:
kind of work done, as SPINNER,	Dillows 6 mos
9, Industry or business In which work was done, as SILK MILL,	pregnany. Hos
SAW MILL, BANK, etc	Lead about 2 weeks)
10. Date daceased last worked at this occupation (month end year) occupation	
BIRTHPLACE (city or town) P. B. Hogistal	Other Contributory Causes of Importance:
13. NAME Anna Bireles  14. BIRTHPLACE (city or town) August Anna	-
13. NAME James Joseph	
14. BIRTHPLACE (city or town)  (Stata or country)	Neme of operation Date of
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	What test confirmed diagnosis?
15. MAIDEN NAME WAY THE THE TOTAL TH	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicida?
INFORMANT from Bus Confine Maddings Salabay World Jalubay W	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, DR REMOVAL Places are leng. Day Set. 14, 1937	Manner of injury
9. UNDERTAKER Hollyona & C. (Address) Jahrey my	24. Was disease or injury in any wey related to occupation of deceased?
10. FILED Feb. 17, 1937 V. May Junes Registrar.	(Signed) (Address) Lalis lay my

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	Example I	11 11 0	Example II	
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 8 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	WETAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PIIYSICIANS should state INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. ARGIN RESERVED AGE should be WITH UNFADING mation should be carefully supplied. TION is very important. -WRITE PLAMLY,

	OF MARY	YLAND-	CERTIFICATE OF DEATH 2212
1. PLACE OF DEATH	•		201-21
County Uncom	cla		Registration Dist. No. 023
Village or City Sales	lung 9		Mo. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town w	here death occurred.	yrsmos	sds. How long In U.S. if of foreign blrth?yrsmosds.
(a) Residence: No. Luina	ton Solen (Usual place of	uning Add	If U. S. Veteran, specify WAR
PERSONAL AND STAT	STICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH Fit /2 193 7
5e. If married, widowed, or divorced	· unan	au	(Month) (Day) (Year)
HUSBAND of (or) WIFE of			22 I HEREBY CERTIFY, That I attended decessed from
(or, wite of	house		Fel 12 187, 10 Fel 12 1937
6. DATE OF BIRTH (month, day, end year)			I lest saw he elive on 7 / 12 , 1987 ; deeth is said
7. AGE Years Month	s Deys	If LESS then	to heve occurred on the date steted above, exercises.
about 25		1 dey,hrs.	were as follows:
8. Trede, profession, or particular		1 01	brusher Lugot arm Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	no		- Su & K. K. acatest
9. Industry or business in which			
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	77.3		
- this occupation (ignitinality	11. Totel tir	t In this	
year) Amprile	Occu,	petion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	slow Dale	ye	R. R. acaust
(Stete or country)	N. 1	0 1	-
13. NAME Charles	grow	ning	
13. NAME Sharles  14. BIRTHPLACE (city town) U	instany	sallin	Neme of operation Date of
(State or country)	Alle		What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	know		23. If deeth was due to external causes (VIOLENGE) fill in also the following:
16. BIRTHPLACE (city or town)	1 6		Accident, suicide, or homicide? LCCLMNt Date of Injury 34/2, 1927.
≤ (State or country)	1 -		Where did injury occur? Pacronte Ind
17. INFORMANT Property (Address)	ay Hay	hetal.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2011	10	Menner of injury toping to had Loais
Place Wenter Balen	Dete Jel.	19 ,198	Nature of injury to make he so + arm
19. UNDERTAKER (Address)	want	<i>O</i> 2	24. Was disease or injury In any way related to occupation of deceased?
Fr. 14 31	Di Tana	12/ 14	If so, specify (A) (A) (A) (B)
20. FILED Selv / , 1937	D. May J	Registrar.	(Signed) W. Walls (Address) Alreading his
If	more blanks dre needed, ac	ddress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	MAR 8 1937	July 5,1927	Peritonitis	3 days ago
	AND THE PROPERTY OF THE PARTY O			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 2213
1. PLACE OF DEATH	· 19/1
count / Comile	Registration Dist. No. 333
Village or City Salashan Md.	No.2/0. Juit. St. 5 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In City or town where deeth occurredmos.	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME/Mary C. Campste	If U. S. Veteran specify WAR
(a) Residence: No 21010 must	St., 5 Ward Jalutary MA
(Usual place of bode)	If nonresident rive city or town and State
PERSONAL AND SYATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. QOLOR OR RACE 5. SIGGLE, MARRIED, WIDOWED, OK DOVORCED (write the word)	21. DATE OF DEATH Fiel. 27, 193
5a. If marriad, widowed of divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended daceased from
And the state of t	JA ( , 193) to JA 2 7 , 1937
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 2 2 , 10 ; deeth Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
76 4 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, at Market BODKKEEPER, atc.	Thronic Bry blo' Date of onset
SAWYER, BODKKEEPER, atc.	hours !
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Data deceased as worked at this confined on another and several in this	
10. Data deceased hist worked at this perpendicular continue (years) spent in this	
this occupation with and spent in this occupation	
Whiteselle	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town (State or country)	sometime sugar
13. NAME The C. Minzate	- Australia
I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
14. BIRTHPLACE (city or town)	Name of operation
W 15. MAIDEN NAME Carbeire Paren	What test confirmed diagnosis? Was there an autopsy?}
Decare Park	*** *** *** *** *** *** *** *** *** **
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
24000 1600 100	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT	
(Addrass) 47 4 A THE STATE OF T	ent Ma
Place Deorgelow Delate Mar 2 37	Manner of injury
12611 mm + 6	Natuse of Injury.
19. UNDERTAKER (Address)	24. Was diseasa or injury In any way related to occupation of deceased?
20 SUSP Mch 2 103 4 Vr May Trans	(Signed) JV D. Waille M.D.
20. FILED MUNICE, 182 J. Registrar.	(Address) allalung Ind
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI
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Stated EXACTLY. PHYSICIAMS successful Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING AGE should be it may CAUSE OF DEATH in plain terms, so that mation should be carefully supplied. -WRITE PL

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Thicomico	Registration Dist. No. 333
Village or City Salisbury	No John B. Karsons Home St. 9 War
Langth of rasidance In city or town whera death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  2.7.ds. How long In U.S. If of foreign birth?yrs
2. FULL NAME Priscilla S. Collin	If U. S. Veteran, specify WAR
(a) Residence: No. John B. Parene Idan	e sp 9 Wards a Halix bury had
(Usual place of abode)	Frow Helf Malf nonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF PEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Ref. /2 , 193 7  (Month) (Day) (Year)
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased fro
DATE OF BIRTH (month, day, and year) Seft. 17. 1859	I last saw he eliva on 7th // ,19.3.7; death is sa
AGE Years Months Days If LESS then	to have occurred on the date steted above, at 3:30 Pm.
77 4 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8 Trade profession or particular	Cardio wend - bereales chaine forten
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last workad at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent In this occupation 50 years	Other Contributory Causes of importance;
2. BIRTHPLACE (city or town) Inow Will (State or country) Maryland	Professory reclaims Zelay
13. NAME Thatter P. Snow	
13. NAME Halter P. Snow  14. BIRTHPLACE (city or town) Bornian  (State or country) Mass.	Name of operation
11000	What test confirmed diagnosis? Characters Was there an autopsy?
el Police	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Trow / Ill (State or country) Maryland	Accident, sulcide, or homicide? Date of injury, 19 Where did injury occur?
7. INFORMANT May Louis Shockley	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) John 13, Tarsons Idome Selish	Manage of Later
Place Snaw Neil Tresting Het. 14, 1937	Menner of Injury
9. UNDERTAKER The HILL & Johnson Co.	24. Was diseasa or injury in any way related to occupation of deceasad?
(Address) of alis Kness mil.	If so, spacify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 8 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2215
1. PLACE OF DEATH .	(3)
Village or City Dalisbury Md. Panin	Registration Dist. No. 333  Registration Dist. No. 333  death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foraign birth?
2. FULL NAME Jullen, Charles	1
(a) Residence: No. /June 10 place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male  Market Market Market Word)	21. DATE OF DEATH  Lebruary 2/ (Month) (Day) (Vear)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Media Cullen	1 HEREBY CERTIFY. That I attanded daceasad from
6. DATE OF BIRTH (month, day, and year) Morch 22 1874	I last saw him alive on Tebreary 21, 19 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 4
62 10 28 1day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and raist causes of importance ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	the puffchick to keep
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased iast workad at this occupation (month and	Che Sylishtel / farts when
10. Date daceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:
13. NAME	
13. NAME  14. BIRTHPLACE (city or town)  (Stata, or country)	Name of oparation. Date of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town): Linkstown	23. If death was due to axtarnal causas (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
∑ (St#ke er country)	Where did injury occur?
17. INFORMANT Leunela Deneral Hospital (Address) Daliah way Uld.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place sellequelle del Date Tel 23, 1936	Manner of injury
19. UNDERTAKER M. Pasha Wation (Address)	24. Was disease or injury in any way related to occupation of decaasad? MC
20. FILED Feb. 2/, 1937 W- May Turner Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar	2444 N. Charles Street Relainment Democraty 51 C M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

The stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	1 0
Arteriosclerosis	1915		1 week ago
Chronic interstitial nephritis 200 9 1934	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days:ago
- Property V.	3 4		1-10
Losson 1			(13) 120 N
Other contributory causes of importance:	21412	Other contributory causes of importance:	1212
C 11	May 1,1923	Gastroenteritis	1 year
(Authority property to the first of the firs	Au s		
		()+1	0.83

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A. P. 2 O.

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ORD. Every item of infor-	HYSICIANS should state	st statement of OCCUPA-	
A PERMANENT REC	ted EXACTLY. P	perly classified. Exac	ificate.
SI SIII.	l be sta	y be pro	k of cert
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2216
1. PLACE OF DEATH	23 221
County Micarrico.	Registration Dist. No. 322
Village or City Near Wellards md one	lende) St., Ward
Length of residence in city, or town where death occurred 53 yrs, 4 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Clarence, melin Day	If U. S. Veteran, specify WAR \\ \( \rangle \)
(a) Residence: No. Neur 14-12	St. Ward.
(Usufplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 17 7
male White married	(Month) (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (er) WIFE el-	22. I HEREBY CERTIFY, That I attended deceased from
Mrs maggie Warrs.	2-13 ,1937, 10 date of death
6. DATE OF BIRTH (month, day, and yeer) Det 6 1883	I last saw ham alive on 2-17 4, 1937; deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete steted above, et. 9.40 Pm.
53 4 12 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chu, congressatiles -?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this programming (month	
10. Date deceased last worked at this occupation (month end spent in this	
this occupation (month end spent in this occupation	#
12. BIRTHPLACE (city or town) New Hope	Other Contributory Causes of Importence:
(State or country), 2nd,	Julianan Intercubrico
13. NAMELLES Vm. Davis	
13. NAMELES M. BONS. 1	Name of operation
(State of country)	What test confirmed diegnosis? Clinical Wes there an eutopsy?
15. MAIDEN NAME Mrs Sopleia Treett.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) PLOK Sellygelle!	Accident, suicide, or homicide? Dete of injury19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Welleger H: Dava, (Address) Wellaude md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place New Hope am Dele Feb / 9th, 1937	Nature of injury
19. UNDERTAKER Mr. Boroard Wells. (Address) Pillarille and	24. Wes disease or injury In any wey related to occupation of deceased?
20. FILED Tel- 19, 1937. Sillian R. Davis	(Signed Thanker Lines M.D. (Address) brillards moli
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH 2217
1. PLACE OF DEATH	(95.8)
Village or City Willards R. A.	Registration Dist. No. St., Ward
Length of rasidance in city or town where daath occurred 2 1 yrs 6	(If death occurred in a hospital of institution, give its NAME instead of street and number) nos. 2.9 ds. How long in U.S. If of foralgn birth?yrsmosds.
2. FULL NAME Mary 1. Den	If U. S. Veteran, specify WAR 220 .
(a) Residence: No. 2017. Pleasant	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowad, or divorced  HUSDAND et  (or) WIFE of  OR DIVORCED (write the word)  Demail  Demail  Demail  OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced  HUSDAND of  (or) WIFE of  Cussell Dennis	22. JUHEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1, ly 9/9/5	last saw hell aliva on august 1935; death is said
7. AGE Yaars Months Days If LESS than	
2/ 6/ 2/9   1 day,h	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were ex follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Catient was dead when
	aince - manuel that
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	- acute dilatation of heart: 7468'
10. Date deceased last worked at this occupation (month end / 93 7 spent in this occupation (cupation for the form)	
and t	Other Contributory Cause of Importance:
12. BIRTHPLACE (city or lown) (State or couptry)	- 14 ff cumulati.
13, NAME / Burton Baker	
14. BIRTHPLACE (city or town)	Name of operation Data of
(Siela di Country)	Whet test confirmed diagnosis? Classified Was there an aulopsy?
15. MAIDEN NAME (MMM D. / Bustage	23. If daath was dua to axternal causas (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Russell Desaris	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
19. UNDERTAKER L. W. LByertage	- Nature of injury
19. UNDERTAKER & M. Bushage	24. Wes disease or injury in any way related to occupation of dacaesed?
(Address) Seeflan Philips	If so, specify  (Signed) Trank Jerres  M. D.
20. FILED 121. 192 / oxlicent : a ave	Dellacke nak

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITIS PLAKALY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA		
Jo u	pino	000		
iten	sh	Jo		1
very	ANS	lent		
Ö.	SICI	aten		
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YK-	shou	it m	n ba	
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RITI	ion	USE	N i	1
M	mat	CA	TION is very important. See instructions on back of certificate.	
B				-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2218
1. PLACE OF DEATH . Dr. Hr.	ek. [3]
County Filomulo,	Registration Dist. No. 333
Village or City Salishy Md	No 207. E. Freut St. 13 Ward
Length of rasidenca in city or town where death occurred 5 1-yes	death-occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Farry M. Elliots	If U. S. Veteran, Specify WAR
(a) Residence: No 207. (E. Frank) (Usual place of abode)	St., 13 Ward. Jahren Ma If nonresignt give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 1. OLOR OF RACE   5. SINGLE, MARRIED, WIDOWED, OF WORCED (write the fold).	21. DATE OF DEATH  Fig. 22 3/, 193 7  (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of Ella 74. Elliott	22. 1 HEREBY CERTIFY Wat 1 attended deceased from
6. DATE OF BIRTH (month, day, and year) aug. 14, 1877	I last saw bear alive on 197 : doeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, \$2.13 2 m.
59 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ch. milcaretto wh
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A A SA
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date declared last worked at this observation (month and year)  11. Total time-rears spent is also constaling	Ch. Hygun 5 July
1 1stiles 1	Other Contributary Causes of importance:
12. BIRTHP(ACE (city or town)  (Stata or country)	
13. NAME alped Elliott	
13. NAME Office of the state of	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (Stete-por country)	Accident, suicide, or homicide?, 19, 19
17. INFORMANT US. Ella H. Elliott, (Address) 67. Ella H. Elliott, 1.	Where did Injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL Place ale one lembat 724, 24, 193	Namer of injury
19. UNDERTAKER Hydry & 6. (Address)	24 Was disease or injury in any way related to occupation of deceased?
20. FILED Fell. 23, 1937 D. May hunes Registrar.	(Signed) M. D.
If more blanks are weded address Seen Princer	N. Challes and P. L. B. M. C. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	3 (8
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINEAU			
Other contributory causes of importance:		Other contributory causes of importance:	EZHLUE
Gallstones	May 1,1923	Gastroenteritis	1 year

V	0	3	$\approx$	
X	-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
	Y	S	0 1	
	rer	AN	ien	
	M	5	ten	
	CD.	XSI	sta	
	5	H	ct	
	₹E		Xa	
	T	×	14	
5	EN	LI	ed.	
1	Z	C	sifi	
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County L Registration Dist. No. 3.33 No. St., St., (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U. S. if of foreign birth? vrs. mos. ds. If U. S. Veteran, specify WAR. (a) Residence: No. If nonresident give city or town and State (Usual place of allode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF BEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Day) 5a. If married, widowad, or divorced HUSBAND of 22. CERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Yaars Months Days to have occurred on the date stated above, at I day .....hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or\_\_\_\_min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date daceased last worked at about 11. Total tima (years) spent in this all this occupation (month and occupation ... 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME Nama of operation. 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? ...... Was there an autopsy? .... MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicida, or homicide?\_\_\_\_\_\_ Data of injury\_\_\_\_\_\_ 19\_ 16. BIRTHPLACE (city or town) (State or country) Whara did injury occur?\_\_\_\_ (Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury Nature of Injury 24. Was disease or injury in any way related to occupation of daceased? 19. UNOERTAKER (Address) If so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
		1 week ago
1921	Kun over oy street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1901 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-B. WRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Victorials	Registration Dist. No. 332
Village or City Sitterelle Ma out	Canale St. Ward
Length of residence in city or town where death occurred 35 yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME Mary E. Falow	If U. S. Veteran, specify WAR 200.
(a) Residence: No. 1 Fifto. Puterille Mq (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensele 1. COLOR OR RACE - S. SINGLE, MADRIED, WIDOWED, OK DIVORGED (suprise the word)	21. DATE OF DEATH Hel. 27, 193, (Month) (Day) (Voar)
75a. If married, widowed or divorced HUSBAND of (or) WIFE of Jame E. Falon	22. I HEREBY CERTIFY That I attended deceased from 23 1936 to 1 1937
6. DATE OF BIRTH (Month, day, and year) University	Hast saw has alive on Res 17 ,1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, af- Home	were estillows:  Date of onset  123
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceard last worked at 11. Total time (years) this occupation (month and 1) 11. Total time (years)	
10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town) suspense Country  (State or country)	Other Contributory Causes of Importance:
13. NAME Mutter Wootles	
13. NAME Muller Worther  14. BIRTHPLACE (city or town). Sursup County  (State or country)	Name of operation Date of Was there an autopsy? Mar-
IS. MAIDEN NAMENTENON (Pusey)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAMENTAL PURCY.  16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Court H. Failow (Address) Patrolle ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR FEMOVAL Cryste Mar. 2, 1937	Manner of injury
19. UNDERTAKER A STANLING THE G. (Address) Salusly mg.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mar. 2., 1937 dillian R. Dave	(Signed) Allebore (DD) M.D.
16 and the bound of the British	N. O. J. C B. L B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

millators Del.

7 to 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor- ould state OCCUPA-	1. PLACE OF DEATH	2221
	County Wie ani Co-	Registration Dist. No. 333
8 8	Village or City 2 alis Jun 12.	Mo ? Que la Quil Hossian : 13 ward
- ·	(H	death occurred in a hospital or institution, give its NAME instead of street and number)
.NS	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
RD. Every FSICIANS statement	2. FULL NAME Buly + oaks.	
	(a) Residence: No. 13 and und-	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
RECORD.  PHYSI  Exact stat	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Tourse Cist. OR OIVORCEO (white wha word)	7-78- 19337
T.L.	5a, tf marriad, widowed, or divorced	(Month) (Day) (Year)
BINDING PERMANENT EXACTLY by classified.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended dacassad from
NI RM X clas	04 70 1624	, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
BI PEI E Iy	6. OATE OF BIRTH (month, day, and year) Self 28, 170/	I last saw h; daath is said
FOR BI IS A PE stated E properly	7. AGE Yaars Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
FOR IS A stated proper	ormin.	wara as follows:
r.n	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, etc.	of ill orn
VE	9. Industry or business in which	
SERVI NK-T) should it may n back	work was dona, as SILK MILL, SAW MILL, BANK, atc	
	Spaint in this	
REN NG I AGE that	year) occupation	Other Contributory Causes of Importance:
F-1 1991	12. BIRTHPLACE (city or town)	
MARGIN UNFADI supplied. n terms, so	(State or country) Ten, xfem Haspital.	
	II 13. NAME Or Chur ! Its.	
Se in Se	13. NAME October 13. NAME October 14. BIRTHPLACE (city or town) Boxes.  (Stata or country)	Nama of oparation
		What test confirmed diagnosis? Was there en autopsy?
INLY, WI be careful EATH in F	15. MAIOEN NAME Q a Warre Tooks  16. BIRTHPLACE (city or town)  (State or couples)	23. If death was due to external causes (VIOLENCE) fill in also the following:
cal (H)	16. BIRTHPLACE (city or town)   State or country)	Accident, suicide, or homicide?
AINLY, ld be cal	State of Country)	Whera did injury occur? (Specify city or town, county and State)
PLA hould OF DI	17. INFORMANT AMOUNT SOTES.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
	Place Deslin, Md Date Mch 2,1937	
-WRITE mation s CAUSE TION is	J. W. (Bushage)	Nature of injury 24. Was disease or Injury in any way related to occupation of decaased?
	19. UNDERTAKER AND	tf so, specify
S. No.	20 EUE 18 10 34 It may lymen	(Signed) Fattaslemaker M.O.
s z	20. FILED 19 7 , 19 7 Registrar.	(Address) 112 man st
	If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting 7) S. No.

blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Salesburg, Med.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

)	had no occupation whatever write none.	4	2	
	To be complete, an occupation return must state:	H	0	
	8.—The trade, profession, or particular kind of work done.	9	3	
	9.—The industry or business in which the work was done.		2	
	10.—The month and year the deceased last worked at the occupation.	H		

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as \*stone," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilcpsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis S	3 days ago	
MAR S 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 2222
1. PLACE OF DEATH	92-01
County Suspenie	Registration Dist. No. 333
Village or City Near Silvann	No. St., Was  St death occurred in a hospital or institution, give its NAME instead of street and number)
	os. L ds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Many Caller Harri	und If U. S. Veteran, specify WAR
(a) Residence: No. M. S. M. S. M. (Usual place of abode)	St., 7 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Ship of DiyorCED (write the word)  Lemall  Accolor or RACE OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blan C. Haums	22.   HEREBY CERTIFY, That I attended deceased from 1937, to 726 / 9 1937
6. DATE OF BIRTH (month, day, and year) Tulan 19, 1861	I last saw h 2 alive on 18 1937; death is sa
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, et 1/30 A.m.
7.5 7 0 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, A Name SAWYER, BOOKKEEPER, etc.	Date of one
9, Industry or Dusiness in which work was done, as SILK MILL.	provide South and the second
SAW MILL, BANK, etc  10. Date deceased last worked at this occupetion (month and year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Mauland	Other Contributory Causes of Importance:
13. NAME Zilliam) Baaks	- may ogsymmen
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clen and 15. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Hally . Narryn, (Address) Galiblany, In.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Level 5 Min Date 7/3/19	Manner of Injury
19. UNDERTAKER IG High & Mayor Co. (Address), Jak January To January Co.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Fels 21, 1937 & May June	If so, specify  (Signed) US Bruns  (Market Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR S 190			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN	V
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N. B.—WRITE PLA

V. S. No. 1

>	RECORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-	
	IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	-WRITE PLANLY,	mation should be car	CAUSE OF DEATH	TION is very import

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2223
1. PLACE OF DEATH	169
County Twissomics	Registration Dist. No. 331
Village or City Bisalve	No. St., Ward
Length of residence in city or town where deeth occurredyrs.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Telitha temile Ha	ving lexe
(a) Residence: No. Divains My	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  The married, widowed, or divorced HUSBAND of	21. DATE OF DEATH  (Month)  (Day)  (Year)
(or) WIFE of Sea. A arrangton	22. HEREBY SERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) There 20 1891	I last saw h_\$_ alive on
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 1 - 15 mm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	wera as follows:
6. Itada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ante Odstation
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year) year)  9. The same of the same of the same of the same occupation occupation.  11. Total time (years) spent in this occupation.  9. The same of the same occupation.  9. The same occupation occupation.  9. The same occupation.  12. Total time (years) spent in this occupation.  9. The same occupation.  9. The same occupation.  12. Total time (years) spent in this occupation.  9. The same	& Heat.
12. BIRTHPLACE (city or town) Burnely (State or country)	Other Contributory Causes of Importance:
	0 D
13. NAME SEPH Sunny  14. BIRTHPLACE (city or town) South of Children (Stata or country)	Name of operation
15. MAIDEN NAME & Vina South Green	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME & Ligarith Green  16. BIRTHPLACE (city or town) - Burader Colfy  (State or country)	Accident, suicida, or homicide?
17. INFORMANT Affect Lisey & Viller (Address)	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Blown M. Date J. 1927	Natura of Injury
19. UNDERTAKER CIFE WAS INCOME AND COMPANY	24. Wes diseasa or injury in any way related to occupation of deceased?
20. FILED TM. 27, 19.37 P. Trafford Walt Registrar.	(Signed) A alle Jeld M. D.  (Address) Mynterty md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
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Arteriosclerosis NAR 5 1997	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The second secon				
Other contributory causes of importance:		Other contributory causes of importance:	7 YE 18	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—  1. PLACE OF DEATH	-CERTIFICATE OF DEATH	224
County Thironics	Registration Dist. No.	333
Village or City Duisland	No. St. /	6 War
46 / (	If death occurred in a hospital or institution, give its NAME instead of street and nu	umber)
(1.1. 6) 5/ V.	osds. How long In U.S. if of foreign birth?yrsmos	s,
2. FULL NAME (Ma) 16. Hestings	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., / Ward.  If nonresident give city or town and S	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Xate
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Self. VV	193 2:
HISBAND of (or) WIFE of Merrill E. Haskings	22.   I HEREBY CERTIFY. That I attended do	eceased fro
DATE OF BIRTH (month, day, and year) april V. 1864	Mast sawn of alive on Feb. 27 1977:	death is sai
AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at \$.50 Pm.	, 00000 10 000
72 10 70 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
1 & Trade profession or particular	- L	Date of onse
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Hastre & lemontage.	173
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked at his occupation (month and	(I (aconsteunerio)	/
2 10. Oete deceesed lest worked at this occupation (month and year)		
2. BIRTHPLACE (city or town) M	Other Castributary Causes of importance:	
(State or country)	( facture Carrinone.	193
13. NAME GEARGE II. Cashell		
13. NAME GEAGE ST. Cachell  14. BIRTHPLACE (city or town) Kyy	Name of operation	
(State of County)	What test confirmed diagnosis? Was there en au	topsy?
15. MAIDEN NAME / MANY June Carey	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	
7. INFORMANT (Aff) M. Narias (Address) Xlendon), M.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
8. BURIAL, CREMATION, DR, REMOVAL Place Mushand, Md. Dote 7/74/57,19	Menner of Injury	
O HUDERTAKED The Will & Organia Ca.	24. Was disease or injury in any way related to occupetion of deceased?	
9. UNDERTAKER AL SALISHUMA A STATE OF STATES	If so, specify	
on FILED Feb 24,1934 & May Jumer	(Signed) Dancer	M.
20. FILEO Registrar.	(Address) Findland , M	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 8 1901	July 5, 1927	Peritonitis	3 days ago	
	S			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH 2223
1. PLACE OF DEATH .	(31)
County llu Comille	Registration Dist. No. 335
Village or City hasfilaidu (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME War J. Alloward	If U. S. Veteran, specify WAR
(a) Residence: No. Sharfstall (Usual place of abode)	C.St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SfNGLE, MARRIED, WIDOWED, OR DIVORCED (ruprice the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Halle Hubbard	22. I HEREBY CERTIFY, That I attanded deceased from 1937, to Feb. 22 1937
6. DATE OF BIRTH (month, day, and year)	1 last saw hasan_alive on Fet ( , 187; daath is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 104m.
5 g 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Chronic Reputer
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	
The street of th	
She The	Other Contributory Causes of importence:
(Stata or country)	
13. NAME / Soal Typhogra	
13. NAME / Load Tubband  f4. BIRTHPLACE (city or town) Substitution  (State or country)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT & Care Brace	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sharplaum 3	£
Place from Demelly Date Fill 24, 1934	Manner of Injury
19. UNDERTAKER Jas 4 Stewart	24. Wes disease or injury in any way related to occupetion of daceasad?
(Address) Saleslusy and	If so, specify
20. FILED 2 / Q 3 , 1937 Wm. K. Roffesson. Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 HE			
4" 50 Too.	18		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

# PHYSICIANS should state of OCCUPA-Exact statement AGE should be stated EXACTLY. properly classified.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.-WRITE PLA

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	CERTIFICATE OF BEATT
County Thiconics	Registration Dist. No.
Village or City Salashung,  Langth of residance in city or town whare daeth occurred. I vrs. V	No. JAN D. Nausen March St., 9 Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)  mos. Los How long In U.S. If of foreign birth?yrsmosds
2. FULL NAME Mugich Songs Number (a) Residence: No. (Usual place of abode)	Alina Nt U. S. Veteran, specify WAR  Ward.  If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word hadan)	D. 21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Markaine Mutchison	22. I HEREBY CERTIFY. That I attended deceased from 1937, to 125, 1937
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS the dey,  ormin.	hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
2 Trade profession or particular	Circleal beautop Date of ones
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dete deceased lest worked at this occupation (month and yaar)  11. Total tima (years) spant in this occupation	
12. BtRTHPLACE (city or town) - Mulling (State or country)	Other Contributory Causes of Importance:
13. NAME Sidney 10! Soners	
13. NAME Stary 10! Soners  14. BIRTHPLACE (city or town) Mayland (Stete or country)	Name of operation Date of Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME (Allia) Stelling 16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address) Salar August March (Address) Salar August March	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR BEMOVAL Place is sulf Energy Curfuld May 177 1576	Mennar of Injury
19. UNDERTAKER IL MILL A JOHN GO.  (Address). Salishung J. M.	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Sel. 26, 1937 D. May Sum Registra	(Signed) M. (Address) Sulishing 2nd

STATE OF MADVI AND CEPTIFICATE OF DEATH

V. S. No. 1

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Chronic interstitial nephritis 1037	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 8	July 5,1927	Peritonitis	3 days ago	
WINE AU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYL	AND—CERTIFICATE	OF	DEATH
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2227

1. PLACE OF DEATH	11/10/	4
County Ausnus,	Registration Dist. No. 33	3
Village or City Selishuns	No. 100 Pensis St. 13	War
£ (1)	death occurred in a hospital or institution, give its NAME instead of street and number 1.5. ds. How long in U.S. If of foreign birth?yrsmos	
$\mathcal{I}$		
2. FULL NAME Conhs care gh	If U. S. Veteran, specify WAR	
(a) Residence: No. / D Peauly (Usual place of abode)	Str. 13 Wards If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male Shire OR DIVORCED (write the word)	193	2.
a. If marriad, widowed, or divorced		(Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIEY, That I attended dacea	sed fro
6	19.3 1 to Ve 0-16	19.5
DATE OF BIRTH (month, day, and year) Mug. 71, 1936-	I last saw h last alive on 19.31; dea	th Is sa
AGE Yaars Months Deys If LESS than 1 dey,hrs.	to have occurred on the data stated above, at 4.2.4.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
2175   ormin.	The state of the s	e of ons
8. Trede, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brand	
9. Industry or business In which	Process 7	di
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dete decessed lest worked at his occuration (month and		
10. Date decessed lest worked at this occupation (month and year)		
Ma	Other Contributory Causes of Importance:	2 4
2. BIRTHPLACE (city or town) (State or country)	of butterne	
13. NAME AS. QUE DON DA WELL ON.	0	
13. NAME A, SUBONOM JAMANO, JO,  14. BIRTHPLACE (city or town)	Name of operation	
(State or country)	Whet test confirmed diegnosis? Was there an autop:	sy?
15. MAIDEN NAME GLAVE I! DAMES	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury,	19
(Stete or country)	Where did Injury occur?	
17. INFORMANT MAS. S. Q. MARKEN	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Addrass) Salishung, md.		
8. BURIAL CREMATION, OR REMOVAL The 18 18	Mannar of Injury	
Traces N. Inclus, Municipal IV. 1937	- Natura of injury	
9. UNDERTAKER THE LULL K Sharlow Co.	24. Was disease or Injury in eny way related to occupation of deceased?	راح
(Address) Salishum for M.	If so, specify	
20. FILED Met. 18, 1937 L. May Issures	(Signed)	M.
Registrar.	(Addrass)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
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Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 8 1937	July 5, 1927	Peritonitis	3 days ago	
	V. 2-	31-1-1			
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

-WRITE-PLAINLY,

V. S. No. 1

## STATE OF MARYLAND-CERTIFICATE OF DEATH

C	m.	13	0
-/	1	7	2.4
had	4	Gud	

1. PLACE OF DEATH		(131)	222
County It scomes		Regis	tration Dist. No. 333
Village or City Pruitland		No.	St / Wa
W		eath occurred in a hospital or institution, give it	
	-yis.		
2. FULL NAME Lewes See	fones	If U. S. Veteran, specify V	VAR
(a) Residence: No. Aruittand (Usual place of a	md,		nresident give city or town and State
PERSONAL AND STATISTICAL PARTICI		MEDICAL CERTIFI	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE	ED, WIDOWED,	21. DATE OF DEATH	1
m 1 7/ D-+ OR DIVORCED (	write the word)	Alek	
5a. If married, widowed, or divorced	un	(Month)	(Day) (Yaar)
HUSBAND of (or) WIFE of	,	22. 4 / I HEREBY CER	TIFY. That I attanded deceased for
Mary V. for	res	all. 12 /	, to 0 15 15 19
i. DATE OF BIRTH (month, day, and year) May 24	4,1864	i last saw h alive on alive on	, 193 / ; death is
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, a	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rela were as follows:	ated causes of importance
8. Trade, profession, or perticular kind of work dona, as SPINNER,		1 2	
SAWYER, BOOKKEEPER, etc	ner	Aculo Valr. V	Venr. 195
3: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	e (vears)		
	in this 33 year		
man for	7/:00	Other Contributory Causes of importance:	1/2-1 193
(State or country)  (State or country)	1) que	The Sall flesh	773
vI	es	me foceaf	
	2/10		D. I.
(State or country)  14. BIRTHPLACE (city or town) Hear! Anow (State or country)	Julie	Name of operation What test confirmed diagnosis?	
2	and a		
	Daine	23. if death was due to external causes (VIOL Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) Messy Snot (State or country) Manufacture	- decks.	Where did injury occur?	, Date of mjuly, 19
m be		(Specify whather injury occurred in INDUSTI	fy city or town, county and State)
17. INFORMANT AND CARRY OF THE	In a	Specif whether injury occurred in INDUSTI	AT, IN HOME, OF HIT OBEIG PEACE,
18. BURIAL, CREMATION, OR REMOVAL .	·,	Manner of injury	
Place pear Haviaro ang Date All	15,1937	Neture of injury	
21. 11:00 a Oal		24. Was disease or injury In any wey related	
19. UNDERTAKEN AND AND AND AND AND AND AND AND AND AN	m cor	If so, specify	to occupation of deceased:
15-34 Promis	1111111	(Signed)	Sargeer 1
20. FILED Jev. 19 19 Villey Je	www		

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery, store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 8 1937	July 5,1927	Peritonitis	3 days ago	
STATE V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

See instructions on back of certificate.

TION is very important.

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2223
1. PLACE OF DEATH	150
County Wiconico	Registration Dist. No. 333
Village or City Jalishury, Md.	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where deeth occurredyrs,mos.	
011	
De la	
(a) Residence: No. Variable (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Thehrway 27 1937
Lingte	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	2/26 ,1937 ,to 2/27 ,1937
6. DATE OF BIRTH (month, day, and year) 2-27-37	I last saw h. 2 aliva on 2 - 27 , 19\$7; death is said
7. AGE Years Months Days If LESS than 1 day, 3 hrs.	to have occurred on the date stated above, at
0 0 8 1 day, 3 hrs. ormin.	wera as follows:
8. Trade, profession, or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cremature
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date dacasad last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	
- I spout in this	
yaar) octupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Saleshury Med.	
(State or country) Wiconto Co. Mary land	
13. NAME William &Kelley	
13. NAME William Kelly 14. BIRTHPLACE (city or town)	Name of operation. Data of
(State or country) Man Caud	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME BUTH Turnedall	
1.1 ( . )	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)   Washington   16. State or country)	Accident, suicide, or homicide? Date of injury, 19
William 91 4/10	Whare did injury occur? (Specify city or town, county and State)
17. INFORMAN / Marie Steer Colley	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
(Address) ( A CREMATION, OR REMOVAL)	
Place Para Date Tel 281 1937	Manner of injury
1 100 f 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of injury
19. UNDERTAKER / Hollowayo Co	24. Was disease or injury in any wey related to occupation of deceased?
(Address) faling man.	If so, spacify
20 FILED Hel- 28 1937/ L. May Junes	(Signed) Turky M. D.
Registrar.	(Address) alistury Bha.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows: R 8 1907	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	I week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2230
1. PLACE OF DEATH	inn. Re
County // ilomilo	Registration Dist. No. 333
Village or City Salishey Md.	No. P. B. Horage and St. 13 Ward
	death occurred in a horpital or institution, size its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	V.
2. FULL NAME Sury of Journ 14. 15	U. S. Veteran, specify WAR
(a) Residence: No 2/// (Usual place of abode)	St., Sward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Rear)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Feb 9 187 to Feb 18 137
6. DATE OF BIRTH (month, day, end year) Feet, 9, 193%	Hast saw har alive on Jak 17 1937; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et 4.4524m.
9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Sufficiation in hel
9. Industry or business in which work was done, as SILK MILL,	Oscidental suffication ou his cribe curso.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	normal infant , who had mussed his mother's
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	breast, one hour before death.
Ph Harital.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	The taky was found by the nurse in his
	cristo, face dominosodo this tody recon still
14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  (Clab or country)	guille sources; lout mo signe of life.
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Audine Billiam  16. BIRTHPLACE (city or town)  (State or country)	23.17 death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Accedent. Date of injury
- (State of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT LINE (Address) 27. Vicenia acc. Sale	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Wanner of injury
Piece areon less, Oate et. 7,1937	Nature of injury.
19. UNOERTAKER Holloway to (Address) Jalie and made	24. Was disease or injury in eny way related to occupation of deceased? Two
20. FILED Feb. 19, 1937 V. May Junes Registrar.	(Signed) Leve R Man M. D.  (Address) Sacio Cay M.S.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
···				
Other contributory causes of importance:		Other contributory causes of importance:	7	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADD	ITIONAL SPACE FOR FURTHER ST	CATEMENTS BY PHYSICIAN	
to sulhoring	ution Ochang &	ate o birthe see	bitle cert. 3/40/37
()		0	

	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
1	f in	S P	CO	1
1	em c	pon	ŏ	
	y ite	S	t of	
	Ver	IAN	men	
	D. E	SIC	tate	
	OR	HY	et s	
	REC		Exa	
	LN	LY	7	
	NE	CI	sifie	
1	<b>SMA</b>	XA	class	
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1	Y S	ated	obe.	rtific
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1	HI	l be	y be	10 3
4 4 4	[]	onlo	ma	bacl
2	IN	E Sh	t it	on
1	DN	AG]	tha	ions
144	ADI	d.	s, so	ruct
7	NF	plie	ermi	inst
444	H	sul	in t	See
	VIT	ully	pla	ıt.
	Y, 1	are	H ir	rtar
	NE	be c	TY	mpo
	LAI	Plu	DI	ION is very important. See instructions on back of certificate.
	E P	sho	POF	s ve
	RIT	ion	USE	Z
	W	at	V	10

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2231
1. PLACE OF DEATH	98-0
County Wis ours	Registration Dist. No. 333
Village or City & alia bury, Us Q.	No. Y lee - I seil. House /3 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  2 0 ds. How long in U.S. if of foreign birth?yrsmosds.
Length of residence in city or town where death occurredyrsmos	C
2. FULL NAME Trage 7. In au	10001
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, widowed, or divorced	
HUSBAND of S. Dra Manual.	22.   HEREBY CERTIFY, Thet   attended deceased from
and have	Llast sew h. alive on 2 - 2 , 193 ; deeth Is said
5. DATE OF BIRTH (month, day, end year)  7. AGE Yaars Months Deys If LESS than	to heve occurred on the data stated above, at 11 '415'm.
62 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end releted causes of importance
8. Trade, profession, or particular	Helperhylueed Pre-tule Pate of open
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	"Un hyracolitis but
10. Oata deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country)	
13. NAME James Manual.	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIOEN NAME Unknown	23. If deeth was dua to extarnal ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State er country)	Where did Injury occur? (Specify city or town, county and State)
(Address) Stor blow Ing.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL 2 1 100 2	Manner of Injury
Pleca State Man, Mg, Oete Men, 1937	Nature of injury
19. UNDERTAKER Spring Bermell	24. Wes disease or Injury In eny wey related to occupation of deceased?
(Address) Alocafflow, Mrs.	If so, specify
20. FILEO Feb. 27, 1937 V. May Junes	(Signed) M, D.

If more blanks are negded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAK O	July 5, 1927	Peritonilis	3 days ago
- V. V. 3.			0 0
Other contributory causes of importance:	Unit (Table	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 223
1. PLACE OF DEATH		23
County Mucom	ea.	Registration Dist. No. 33
Village or City Salulus	y and	No. 20/- St., St., St., St., St., St., St., St.,
Length of residence in city-or town where d		sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Calsin	Marche Years	hlon If U. S. Veteran, specify WAR
(a) Residence: No. 201-1	st	St. Ward.
(a) residence. No. & D.L.	(Usual place of abode)	1f nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Floriday  (Month)  (Day)  (Y)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		1 HEREBY CERTIFY, Thet I attended decease  January 29 1937 to February 9 19
	0 19 1905-	1907, 10 Valory 10 37
6. DATE OF BIRTH (month, day, and year) 7. AGE Years   Months	Days If LESS than	to have occurred on the dete stated above, at
21.	9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Juterculosis of the lungs
9. Industry or business in which work was done, as SILK MILL.		
SAW MILL, BANK, etc	accordance	-
10. Date deceesed last worked at this occupation (month end 4 5	11. Total time (years) spent In this occupation	
Q o	1.07.0.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	delifica	-
	Les States	
13. NAME 14. BIR LYPLACE (city or town)	- Was	Neme of operation Date of
(State or country)	Terrora	What test confirmed diagnosis? Clinical Was there an autopsy
E 15. MAIDEN NAME	n Haris	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Sarah 9  16. BIRTHPLACE (city or town) - 227 T. (Constitution)	Tumon	Accident, suicide, or homicide? Dete of Injury
≤ (State or country)	and	Where did injury occur?
17. INFORMANT MAS Dargeh L (Address)	Doshild	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	20	Menner of Injury
Place At versen md	Date 12 1937	Nature of Injury
19. UNDERTAKER James A	Stewart	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Address)	lung and	If so, specify
20. FILED Tel. 12, 19 37 V	may Junes	(Signed) Addition Marchan
	Registrar.	(Address) that They make

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 6.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 8 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND	CERTIFICATE OF DEATH	20
	1. PLACE OF DEATH	@@ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	33
	County Lui Cermice	Registration Dist. No. 33	3
	Village or City Sals bury, Md,	death occurred in a hospital or institution, give its NAME instead object and nun	Ward
		death occurred in a hospital of institution, give its IVAIVIE instead of treet and num  death occurred in a hospital of institution, give its IVAIVIE instead of treet and num  death occurred in a hospital of institution, give its IVAIVIE instead of treet and num  death occurred in a hospital of institution, give its IVAIVIE instead of treet and num  death occurred in a hospital of institution, give its IVAIVIE instead of treet and num  death occurred in a hospital of institution, give its IVAIVIE instead of treet and num  death occurred in a hospital of institution, give its IVAIVIE instead of treet and num  death occurred in a hospital of institution in the property of the contract of the property of the contract of the con	ds
	2. FULL NAME Your Worm, Joseph h	11) 5.	
	(a) Residence: No. Bulmar Bul (Usual place of abode)	St., Ward.  If nonresident give city or town and Sto	ole /
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Y	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (write the word)	21. DATE OF DEATH 2- \\- (Month) (Day)	93.37. (Yaar)
5a.	. It married, widowad, or divorced HUSBANO of (or) WIFE of Caith May Mills	22. I HEREBY CERTIFY, That I attended dec	caased from
6.	DATE OF BIRTH (month, day, end year) Decl 13, 1863	I last sew h aliva on 2 - 11 - 1937;	leath is said
7.	AGE Years Months Days If LESS than 1 day. hrs.	to have occurred on the date stated above, atm.	
_	73   2/- ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	ate of onset
UPATION	8. Trede, profession, or particular kind of work dona, as SPINNER, Merchant SAWYER, BOOKKEEPER, atc.	Chrone hyvardety	1936
JPA	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
000	10. Date deceased lest worked at this occupation (month and 1021) sponting this 2/4/2	2.	
	So So DOFF	Other Centributery Causes of importence:	
12	(State or country)		
ER	13. NAME James S. mills -		
FATH	14. BIRTHPLACE (city or town) Delmar, Del,	Neme of operation Date of	
_	(Steta or country)	What test confirmed diagnosis? Was there an auto	psy? Le
HER	15. MAIOEN NAME Sarah E. Ralph	23. If death was dua to external causes (VIOLENCE) fill in elso tha following:	
MOTHER	16. BIRTHPLACE (city or town) Belmar Bul.  (State ar country)	Accident, suicida, or homicide? Oete of injury	-, 19
		Whare did injury occur? (Specify city or town, county and State)	
17	INFORMANT MYS. ROSSO MOTTIS	Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	
18	BURIAL, CREMATION, OR REMOVAL Place M. G. Cenn. Date Siel 14,1937	Mannar of Injury	
19	UNDERTAKER Delinger Del (Address) Delmar Del	24. Wes disease or injury in any way related to occupetion of decaesad?	m
20	FILEO Feb 12, 1937 & May June Registrat.	(Signed) Muruue	M. D
NUMBER OF STREET	The more blanks are mould address State Design	N. O. L. C D. L	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of deat of importance were as follows:	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	A gate at great	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	least C	July 5, 1927	Peritonitis	3 days ago	
5 c	**************************************	3. 18		1411	
Other contributory causes	f importance:	David D	Other contributory causes of importance:	1120	
Gallstones		May 1,1923	Gastroenteritis	1 year	
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	efull	in p	ant.
Y, W	carefull	H in p	ortant.
NLY, W	be carefull	ATH in p	mportant.
AINLY, W	d be carefull	DEATH in p	v important.
PLATNLY, W	ould be carefull	F DEATH in p	ery important.
E PLATNLY, W	should be carefull	3 OF DEATH in p	is very important.
SIDE PLAINLY, W	ion should be carefull	JSE OF DEATH in p	N is very important.
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH

I. PLACE OF DEATH	
County Concorners	ma 345 Sa Registration Disp. No.5 333
Village or City alis bury	No. St., /3 Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  s. / 3 ds. How long in U.S. if of foraign birth?
2. FULL NAME Circliam m. M or	
(a) Residence: No. Gus field. Ma	AAA A
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DYORCED, (write the word)	21. DATE OF DEATH 7 (Month) (Day) (War)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
W 120 150	- tely 3, 1937, 10 tely 15, 1957
6. DATE OF BIRTH (month, day, and year) March 23, 1899	I last saw h alive on February 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at
ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca wera as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, waterman	P
SAWYER, BOOKKEEPER, etc	Pulmon any tutuculosa
work was dona, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date dacaased last worked at this occupation (month and year) year)  Occupation  Occupation  Occupation  Occupation	
12. BIRTHPLACE (city or town) Cusfield Md (State or country)	Other Contributory Causes of importance:
13. NAME Corelian Morgan	
13. NAME Collector Mongan  14. BIRTHPLACE (city or town)	Mens
4 14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of Date of
15. MAIDEN NAME Many Parks	What test confirmed diagnosis?
11	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)  Municand	Accident, suicide, or homicide?
17. INFORMANT Decessed (Addrass)	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Crisfield 1119, Place Colomby Designary Date 2/17, 1937	Mannar of injury
9019	Natura of injury
19. UNDERTAKER (A) Canon St. Curofilla Ma	24. Was disaase or injury in any way related to occupation of deceased? (10)  If so, specify
20. FILED Tel. 13, 1937 & May Juner. Registrar.	(Signed) M.D.  (Addrass) Supplies for foreign M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

^	PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 2235
1. PLACE OF DEATH  County Wiconic Co Pen Leu 2  Village or City Salis bury	Lospital (20) Registration Dist. No. 333
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
(a) Residence: No. Berlie Ma (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word)	21. DATE OF DEATH  26 28  (Month)  (Day)  (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That   attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  if LESS than 1 day,hrs. ormin.	I last saw h 1 alive on Del 2 , 1997; death is said to have occurred on the date stated above, at 1130 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	autigustro enterità Fluz
11. Total time (years) spant in this year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME Taynord Zielen T.	Other Coutributory Causes of importance:
13. NAME Payner and Disclere Cr.  14. BIRTHPLACE (city or town) Maryland.  (State or country)	to diabetes. Duration: a four design Cursor.  Name of operation.  What test confirmed diagnosis?
15. MAIDEN NAME Cleatra Brassura  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) Berlin Mid.  18. BURIAL, CREMATION, OR REMOVAL  Place Berlin, Mid Date Mar. 2, 19.37	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury
19. UNDERTAKER J. W. Burboge (Address) J. Burling mid-	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED Jell 2, 19.3 7 1. May Jumes Registrar.  If more blanks are needed, address State Receistrar.	(Signed) M. D.  (Address) 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

17. INFORMANT

19. UNOERTAKER

20, FILEO ...

NOIL

S. No.

(Address)

(Addrass)

18. BURIAL, CREMATION, OR REMOVAL

infor-

Jo plnods OCCUPA-

#### 1. PLACE OF DEATH Village or City Length of residence in city or lown where deeth occurred. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word) 5a, If married, widowad, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Months I day .....hrs. or\_\_\_\_min. 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ OCCUPATION back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Dete deceesed last worked el 40 11. Totel time (yeers) spent In this this occupation (month and occupation \_\_ 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

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10	
Registration Dist. No. 333	
NoSt.,  eath occurred in a hospital or institution, give its NAME instead of street and n  ds. How long in U.S. if of foreign birth?yrsmo	
If U. S. Veteran, specify WAR	~~=~====
St.,Ward.	
If nonresident give city or town and S	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	1
(Month) (Day)	(Yaar)
1 HEREBY CERTIFY, That I attended of the saw have alive on Factor of the have occurred on the date steted above, all 9	eceased from , 19 ; deeth is seld
The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware es follows:	
Fobre Greunsma	Oate of onset
***************************************	
Other Contributory Causes of Importance:	
Neme of operation Data of	
What test confirmed diegnosis? Was there an at	
23. If daath was due to external causas (VIOLENCE) fill in also the following:	
Accident, sulcida, or homicide? Oate of injury	
Where did injury occur?	
(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA	) )
	ot.
Manner of injury	
Nature of injury	
24. Wes disease or injury in any way ralated to occupation of deceased?	
If so, specify	
(Signad) Its. Hullman	M. 0.
(Addrass)	
LEV N. Charles Street Relaimore Passachus 71 S. No	

If more blanks are needed, address State Registrar, 2.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If LESS than

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1100000			
Other contributory causes of importance:	The same of the sa	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		. 4	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flear Relationship Received 22.  1 HEREBY CERTIFY. That I attended decease 1.03 to feel 1.03 to feel 1.05 to feel	1-	STATE (	OF MAR	YLAND-	CERTIFIC	ATE O	F DEA	ATH ON	223
Village or City  Langth of rasidence in city or town where death occurred  Langth of rasidence in city or town where death occurred  yts					(,	59)		- 191	222
Langth of rasidance in city or fown where death occurred by s	County \	un sic	.00.			·· <b>C</b> ······	Registration	Dist. No.	12
(a) Residence: No.  (b) A Residence: No.  (c) A Residence: No.  (d) A Residence: No.  (e			· Jems		death occurred in a hors	oital or institution	, give its NAM		d number)
(a) Residence: No.  (b) Chalchec of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRED, WIDOWED  OR DIVORCED (write the word)  ACCOUNTED THE WORD OF COLOR OF RACE  S. SINGLE MARRED, WIDOWED  OR DIVORCED (write the word)  ACCOUNTED THE WORD OF DEATH  (Month)  (Day)  1. DATE OF DEATH  (Month)  (Day)  1. DATE OF BIRTH  (ADE)  (Date decessed last worked at this occupation  (Sale or country)  1. Date of Country  (Sale or country)  1. Date of Last Sale  (Sale or country)  1. S. WALLE, BAIN, etc.  1. Date of Injury  (Sale or country)  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC FLACE.  (Address)  (Address)  (Address)  (Address)  (Sale or country)  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC FLACE.  (Address)  (Address)  (Address)  (Sale or country)  (Sale or country)  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC FLACE.  (Address)  (Address)  (Address)  (Address)  (Sale or country)  (Sale or countr	Length of rasid	ence in city or town where	death occurred	yrsmos	- 0	g In U.S. if of fo	oraign birth?	yrs	mos
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED, OR DIVORCED (variet the word)  OR DIVORCED (variet the word)  OR DIVORCED (variet the word)  1. DATE OF DEATH  1. DATE	2. FULL NAR	my por	x ff or	H well	ich and	rs.			
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  OR DIVORCED (write the word)  1. DATE OF DEATH  22. I HEREBY CERTIFY. That I attended decessed (or) WHE of word was done, as SINNER, when the date stated above, all six saw h. a silve on t	(a) Residence	e: No. 15mid	de l'	e ele	Sall - Wa	ırd.	If nonresiden	t give gits or town o	and State
OR DIVORED Carrite the word)  So. If married, wildowed, or divorced HUSBAND of Corry Wife of Corry W	PERSONA	L AND STATIST			MEC	ICAL CER			ind Divid
55. If married, widowed, or divorced HUSAND or Ord Date of Cory Divite of Cory Di					21. DATE OF I	3	· - ·	- 41	, 193
HUSBAND of (or) WIFE of FIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 dayhrs. ormin.  8. Trade, profession, or particular says of work of the control of work doma, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was doma, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation month and years)  12. BIRTHPLACE (city or fown)  (State or country)  13. NAME  14. BIRTHPLACE (city or fown)  (State or country)  15. MAIDEN NAME  16. DATE OF BIRTH (month, day, and year)  17. INFORMANT  Player  18. Trade, profession, or particular was SPINNER, and the data stated abova, at 2	5a. if married, widower		- way	P		(	(Month)	(Day)	(Yaar)
To have occurred on the data stated abova, at the component of the compone	HUSBAND of	Frank	Rues	Karls	22. F.B 1 HE	EREBY (	27 1	Y. That I attende	d deceased f
1 day,hrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINMER, SAWER, BOOKKEPER, etc.  1. Industry or business in which work was done, as SPINMER, SAWER, BOOKKEPER, etc.  10. Date deceased last worked at this occupation (State or country)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  17. INFORMANT  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OPERMOVE  Piper  (Address)  (Signed)	6. DATE OF BIRTH (m	nonth, day, and year)	14.2	9 1858	I last saw h	alive on	· 6.	14 1937	Z.; daath is s
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc  10. Date decased last worked at this occupation (month and year).  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMAND, OBJERROVAL  Place  (Address)  19. Whet test confirmed diagnosis?  Accident, suicide, or homleide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. What add injury  Natura of injury in any way raised to occupation of dacaased?  Specify (Signed)	7. AGE Years	Months 3	Days 17	1 day,hrs.	The PRINCIPAL CAU			ses of importance	,
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What test confirmed diagnosis? Was there an autopsy  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata er country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR BRHOVEL  Plage  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  (Specify city or town, country and State)  Natura of injury  Natura of injury  24. Was disease or injury in any way ralated to occupation of dacaased?  19. UNDERTAKER  (Address)  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  (Address)  (Address)  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify state or injury in any way ralated to occupation of dacaased?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	14. BIRTHPLACE		regalz	ence	Nama of operation_	Ingulation	7/0	Date of	2-3-3
16. BIRTHPLACE (city or town)  (Stata er country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OBJETHOVAL  Plage  Wanner of injury  Natura of injury  19. UNDERTAKER 1  (Address)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  Natura of injury  19. UNDERTAKER 1  (Address)  (Signed)  (Signed)	(State of c	11-	4.00	10	What test confirmed o	diagnosis?	forty.	Was there as	n autopsy?
17. INFORMANT / Care Research Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address) Field College And State)  18. BURIAL, CREMATION, OBJETHOVAL  Plage Manner of injury  Natura of injury  19. UNDERTAKER Tollows to Salestand State Specify  (Address) Field Specify Specify  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of injury  Natura of injury  19. UNDERTAKER Tollows to Salestand State Specify  (Address) Field Specify Specify  (Signed) For College Specify  (Signed	15. MAIDEN NAM	nia	Breach	- de	1				ng: )ta
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OB BEMOVAL  Place  Manner of injury  Natura of injury  19. UNDERTAKER 1  (Address)  (Address)  (Address)  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or In Industry oc	Stata er		1.8		- I			Date of injury	, 19
18. BURIAL, CREMATION, OB SEMOVAL  Plape  Plape  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  (Signed)  (Signed)		anh Re	ekan	la			(Specify city o NDUSTRY, In H	r town, county and S OME, or in PUBLIC I	tate) PLACE.
19. UNDERTAKER Tollowey's Constituting 19 and the specify (Address) 19. UNDERTAKER Tollowey's Constituting 19. Specify (Signed) Possession of datased?		N, OB PRINOVAL	Corre to	4.19.3	A				
that 14 24 Or May Turkers (Signed) Lake demaker		allowant	U.y.	1.1.	24. Was disease or inj	ury in any way	ralated to occu	pation of dacaased?_	lea
Registrar. (Address) /12 has a	Otiol	17,1934	Jr. May	Jujus	(Signed)	11 - 9.		em T	N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Maria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición	
11/10/10/00/10/10/10	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WELL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

of OCCUPA-

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			108	
County Wicen	uce		Registration Dist. No. 3	37
Village or City Just			No. St., f death occurred in a hospital or institution, give its NAME instead of street and s. ds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME Der (a) Residence: No. Type	tie Policy estem MI (Usual place)	aln.	St., Ward.  If nonresident give city or town an	J C
PERSONAL AND STA			MEDICAL CERTIFICATE OF DEATH	d State
3. SEX 4. COLOR OR RA	CE   5. SINGLE, MAR	RIED, WIDOWED, D (zwrite the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 / (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		107/	22. THEREBY CERTIEY, That I attended	, 1932.
6. DATE OF BIRTH (month, day, and yeer 7. AGE Years Mon	nths Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at // Jam.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	2 Augustu 21. Totai ti	nasef	Lobot Vneumonia	2-18
12. BIRTHPLACE (city or town) (State or country)	yasking.		Other Contributory Causes of importance:	~
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Lyaskin	)	Neme of operation Date of Whet test confirmed diagnosis? Was there an	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	ele Jones Lylastering,		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ng: , 19
18. BURIAL, CREMATION, OR REMOVAL Place Lysisking u  19. UNDERTAKER Mas (18)	My Date Fish	1-24,193.7	Manner of injury	
(Address) ( 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Ine My	V Walte	If so, specify Signed Sulfo (Address) Wyntinkl 7	ml .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 5 1937	July 5,1927	Peritonitis	3 days ago	
	90 KEAU V. 5.	- Color			
Other contributory ca	uses of importance:	4	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2230
1. PLACE OF DEATH	940	22331
County This rico	Registration Dist. No.	33
	No 141 24 X 4411 M	15 Ward
Village or City Shinklung 1 100	death occurred in a hospital or institution, give its NAME instead of street and	Mard number)
	ds. How long in U.S. If of foreign birth?	
2. FULL NAME May agree Sterry	If U. S. Veteran, specify WAR	
(a) Residence: No. 141 Dust Sound (Usual place of abode)	St., 43 Ward.  If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Widay	21. DATE OF DEATH Self, 25	., 193.7
5a. If merried, widowed, or divorced HUSBAND of		, , ,
(or) WIFE of V	22.   HEREBY CERTIFY, That   attended	deceased from
May Freing	190 l, to 100 200	7 , 19
6. DATE OF BIRTH (month, dey, end year)	I last saw h_ 21_ elive on	.; death is seld
7. AGE Years Months Deys If LESS than 1 deyhrs.	to have occurred on the dete stated above, etm.	1
64 5 74 ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were es follows:	Date of onset
8. Frade, profession, or perticuler kind of work done, as SPINNER, A Thomas SAWYER, BOOKKEEPER, etc.	Carouary	726.26
SAWYER, BOOKKEEPER, etc.	Selerbus	1937
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dete deceased last worked at this occupation (month and		
10. Dete deceased last worked at this occupation (month and year)		
10.	Other Contributory Couses of Importance	saver
12. BIRTHPLACE (city or town) (State or country)	arteriosellroses	
		geare
13. NAME Michael Donava	24 4 4 4 0	
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diagnosis? _ Clusical _ Wes there an	aulopsy?
15. MAIDEN NAME Julea Guiffer  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to externel causes (VIOLENCE) fill in also the following	ig:
[ 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury	, 19
State or country)	Where did injury occur?	
17. INFORMANT M. Mynes S. Justine, (Address) Salis hum, not.	(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	IACE,
18 BURIAL, CREMATION, OR BEMOYAL A A A A A A A	Manner of injury	
Mewaco assides, Talle 14 Date 17 13, 19	Nature of Injury	
The Will & Observal Ca.	24. Was disease or injury in any way related to occupation of deceased?	Wo
19. UNDERTAKER SALLAMAN (Address)	If so, specify	
Hall 21 24 10 Day	0.14	0 M D
20. FILED/ lb. 26, 19.3/ K. May Jumer	(Signed) Fals Seers, Wars	land,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF M	ARYLAND-	CERTIFICAT	E OF	DEATH
------------	----------	------------	------	-------

2240

	PLACE OF DEAT				(93:0)	110
	County 1/	come	25		Registration Dist. No	333
	Village or City	Allen	1. 1	de	NoSt.,_ death occurred in a hospital or institution, give its NAME instead of street and	Z Ward
	Langth of rasidanca In city	or town whara de	ath occurred	7//	death occurred in a hospital of institution, give its 1474[viz.] instead of street and	
2	FULL NAME	Andr	ew Vi	L. Sm	if U. S. Veteran, specify WAR	
	(a) Residence: No	al	(Usual place	Male,	St., Ward.  If nonresident give city or town an	nd Siste
	PERSONAL AND	STATISTIC		and the second second second	MEDICAL CERTIFICATE OF DEATH	
3. S	EX 4. COLOR	OR RACE	OR DIVORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Ref. 6	., 193.7
5e.	if married, widowed, or divorc	ed	- lua	new	(Month) (Day)	(Tear)
	HUSBAND of (or) WIFE of Mary	Cligat	ett 1	Lascum	22. J. HEREBY CERTIFY, That I attande	d deceased from
6. D	ATE OF BIRTH (month, day,	and year)	et. 2	7, 1852	i last saw h Leaalive on Pela 6 , 19.3	_; daath is sa
7. A	GE Years	Months	Days	If LESS then 1 day,hrs.	to have occurred on the date stated above, at 1.2 P.m.	
-	84	11	9	ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were es follows:	Date of onse
5	8. Trada, profassion, or part kind of work done, as SAWYER, BOOKKEEP	SPINNER	Hara	ier	Clyp mineaudilis	193
OFAL	9. Industry or businass in work was dona, as SII SAW MILL, BANK, etc.	which		<sub>mark</sub> er		
200	Date deceased last work this occupation (mont year)	ed at 1 0 co	11. Total ti sper occu	ma (years) of in this pation 64		
12.	BIRTHPLACE (city or town) (Stata or country)	Rea	v all	Ceal .	Other Contributory Causes of importance:	
1   X	13. NAME It is	lliam	490	Smith		
LAIH	14. BIRTHPLACE (city or tow	n) "Zlon	brown		Neme of operation Date of	
-	(Stata or country)	-8	Don't to	now"	What tast confirmed diagnosis? Wes there are	autopsy?_2
חבת	15. MAIDEN NAME	dellie	ann	texanor	23. If daath was due to axternei causes (ViOLENCE) fili in elso the followi	ng:
2	16. BIRTHPLACE (city or tow	n) Zlak	noun	/,	Accident, suicide, or homicide? Date of injury	, 19
	(State or country)	ackl &	mitt	land	Where did Injury occur?	rate) PLACE.
	(Address) 3 Of The	w york	ave., -	Salisbury	2	
18.	BURIAL, CREMATION, OR RE	emetery.	Date Red	- 8,1937	Mature of injury	
19.	UNDERTAKER (The	Hill	John	son co.	24. Wes disease or injury in any way raleted to occupation of deceased?	22
20.	FILED Fel 8, 19	37 8	Thray	Registrar.	(Signed) My minus	Z

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 8 1997	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE	OF MARYLAND-	CERTIFICATE OF DEATH 2241
1. PLACE OF I	DEATH		2 22
County 9	ie bui	- 00	Registration Dist. No.
Village or City	Salis!	- bill . www	No. Pey. of sil - though Ward
vinage of Oity_			If death accurred in a hospital or institution, give its NAME instead of street and number)
	e in city or town where	death occurredyrs,mo	s. U_ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME		· Drive &	
(a) Residence:		W. esser le	2 a 17 mm
(a) Residence.	110	(Usual place of abode)	If nonresident give city or town and State
PERSONAL	AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4.	COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
unos!	- Sail	OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed,	or divorced	The state of the s	(Month) (day) (feat)
HUSBAND of (or) WIFE of	1		22. I HEREBY CERTIFY, That I attended daceased from
(01) 11112 01	17	-0 -1 1606	25 1937, to 1987
. DATE OF BIRTH (mor	th, day, and year)	el25-193/	I last saw he elive on 1907; death is sa
7. AGE Years	Months	Days If LESS than	to have occurred on the date stated above, at 8.05 7 m.
0	0	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
O Trade profession	or particular	orU_min.	were as follows: Date of onse
8. Trada, profession kind of work	dona, as SPINNER, OKKEEPER, etc.		Hill form what
9. Industry or busi	ness in which		
SAWYER, BO 9. Industry or busing work was do SAW MILL, B	ne, as SILK MILL, JANK, etc		
10. Date deceased la	ast worked at	11. Total time (years)	
	on (month and	spant in this	
	11.2.	Salisbury	Other Contributary Causes of importance:
12. BIRTHPLACE (city or (State or country)		en Hospittal	Ouglesson
1	, 0	Q.,, 279" K	
13. NAME  14. BIRTHPLACE (cit	Les Les	se acrowned.	
4 14. BIRTHPLACE (ci		- Server	Name of operation Date of
(State of con	ntry) •		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	nami	or smill.	23. If death was dua to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (cit	ty or town)	. J.	Accidant, suicide, or homicide?
(State or cou			Where did injury occur?
4	ela da	meth,	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT(Address)	Pocomo	by Cily ind A	8-2
18. BURIAL, CREMATION			Manner of injury
Placellying.	usville Ca,	Date 1981. 26, 1913/	Natura of injury
Og	connect	14, Ind 18242 1.	
19. UNDERTAKER	Julia &	much (action	24. Was disease or injury in any way related to occupation of deceasad?
(Address)	ocomon	1 ny , mg	If so, specify the specific to
20. FILED Sel.	6,195/	I. May Jume	(Signed) M.
		Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 Pi, TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2242
1. PLACE OF DEATH	(j3))
County Nicomics	Registration Dist. No. 331
Village or City duantis W. J. C.	No. St., Ward
Length of residence in city or town where deeth occurred 4 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME abracham & James	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH S 193 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hesty Zawes	22. I HEREBY CERTIFY. That lattended decessed from
6. DATE OF BIRTH (month, dey, end year) Sept. 12, 1868  7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h alive on, 19 ; death is said to have occurred on the date stated above, at, 19 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Oliv hypeards his hely
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Cla for bush had keeplantes hule
10. Date decesed last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Valliam Jawas	
13. NAME Valliam Jawys  14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIOEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
2 (State or country)  17. INFORMANT (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cremanua Country ate 3th 20, 19 57	Manner of injury
19. UNOERTAKER It Do Fraveury 47800 (Address) Sharpton me	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 24 20, 1924 mis J. Wallage Registrar.	(Signed) M. O.  (Address) Jaluary
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	S	TATE O	F MARY	LAND-	CERTIFIC	CATE O	F DEAT	ГН	2243
1. PL/	ACE OF DEA	TH				(131)			6 h h
Cou	unty	ucom	ceo				Registration Di	ist. No.	333
Vill	lage or City	1 0	a luca	,	No A	07.54	-2	C+	9 Ward
1 4111	lage of City	and and	way	(If	death occurred in a ho	orpital or institution,	give its NAME	instead of street and	d number)
Len	gth of residanca In ci	ty or town where de	eath occurred	Zyrsmos	ds. How id	ong in U.S. If of for	raign birth?	yrs	.mosds
2. FUI	LL NAME	01	21 dans	· Clau	low If U.	S. Veteran, spe	cify WAR		
-	Residence: No. Z	Route #2	Jaliati (Usual place o	wry me	1 0	Vard.		ve city or town at	nd State
PE	ERSONAL AN	D STATISTI			ME	DICAL CER			
3. SEX	4. COLO	R OR RACE	5. SINGLE, MARR		21. DATE OF	DEATH	20		
m	1 71	10:4		(write the word)		A	et.		, 193
5a. If marri	iad, widowed, or divo	read	mar	ua		(1	Month)	(Day)	(Year)
HUSB	ANO of	.0	00	,	22. 1 H	EREBY	ERTIFY	, That I attende	d deceased from
(01) 1	1/60	ery Tr.	Johns	con		, 19,	15,10 7	24 4	1907
6. DATE O	F BIRTH (month, day	v (nd vaar)	01-11	1849	I last saw h.	alive on	19	19.3	.; death is sale
7. AGE	Years	Months	Days	If LESS than	to have occurred on	tha dete stated at	ove at 9: 00	P.m.	
	00	11	213	1 day,hrs.	The PRINCIPAL CA	AUSE OF DEATH :	nd releted ceuses	of importanca	
No Te	Trada, profession, or particular				ware as follows:	0.	1 1-	A .	Data of onset
S 7	kind of work done	AS SPINNER	Warm	es)	anne	-/Lanca	V LI QUAS	Decare.	Mink
E Inc	SAWYER, BOOKKEE dustry or business in	n which	T. XV. C. 1.1.S.						
D D	work was dona, as SAW MILL, BANK,	SILK MILL,							
OCCUPATION 10. Da	this occupation (mo	rkad at inth end 192	I1. Total tin	na (years) t in this 60 Just	****		*************		
		10	- 0		Other Contributory	Causes of Importar	nce:		
	PLACE (city or town)	Sale	sound		Inch	aassustee	7 vices	*****	144
1	ata or country)	0 1	laryt	and.					
13. NA	IME TOCK	rabod	Jays	low					
14. BII	RTHPLACE (city or to	own) Trock	awalk	riay,	Name of operation.			Date of	
	(State or country)	ma	rylana	20	What tast confirmat	d diagnosis?	undal	Was thera a	n autopsy?#
15. MA	AIOEN NAME	mmeli	ne to	hillips	23. Il death was due	to external causes	(VIOLENCE) fill	in also the follow	ing:
	RTHPLACE (city or to	num nea	v Del	mars.	Accident, suicide, o	or homicide?	D	ete of Injury	19
¥ 10. BI	(State or country)	JWII/	Delaw	we.	Where did injury o			_	
	D	.011	2.01		Specify whether Inj		(Specify city or to	wa, county and S	itale)
17. INFORM	ddress) Qa da	7 9. 50	glow.	/	Specify whether my	jury occurred in th	10031KI, III HOM	, or in Poblic i	FLAUE.
	L, CREMATION, OR	REMOVAL	solish	ry, may	Manager of Inform				
	ce Paylor B		inbate, Het	-1/ 1937	Mannar of Injury				
- 110	mes	Salistary	124 D	4.0	Nature of Injury				
19. UNOER		gHill,	4 John	son co	24. Was disease or i	injury in any way	releted to occupat	ion of deceased?	no
(A	ddress)	alist	mry.	and,	If so, spacify	b	0	A	
20, FILED.	El- 11	1937 /	. May.	Junes	(Signed)	12	Mush	4	
20, 11660				Registrar.	(Addre	ss)	Jarish	- ma	<b></b>

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Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
V. 8.			
Other contributory causes of importance:	1	Other contributory causes of importance:	1000
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

## STATE OF MARYLAND—CERTIFICATE OF DEATH

2244

1. PLACE OF DEATH .	100
County Willowies	Registration Dist. No. 275
Village or City Sharflane n	No. St., Ward
Length of residence In city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME William + Tho	If U. S. Veteran, specify WAR
(a) Residence: No. Sharttow 7	Poled St. Ward.
(Usual place of abode)	If nonresident give eity, or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WILL OR DIVORCED (write the color)	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Otta Tompes	22. JI HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) should 18	90   last saw home alive on 2/10/87 19 ; death is said
	ESS than to heve occurred on the date steted above, at I.Jm.
47 1 1 day,-	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:  Date of onset
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Oata deceasad last worked et this occupetion (month and spent in this scent in this programmer).	Tobus Incumored 71/8-7
9. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc.	4
10. Oata deceasad last worked et this occupetion (month and year)	Tyle
12. BIRTHPLACE (city or town) Linkus of	Other Contributory Causes of Importence:
(State or country)	
13. NAME Henry Jampson  14. BIRTHPLACE (city or fown) - Line Halland	
14. BIRTHPLACE (city or fown) Landau	Name of operation
(Stata or country)	What test confirmed diegnosis? Was there en eulopsy?
15. MAIDEN NAME Joshefune Tomb	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following:
0 16. BIRTHPLACE (city or town) Links	Accident, suicide, or homicide? Oate of Injury, 19,
≥ (State or country)	Where did injury occur?
17. INFORMANT MAS MAN AND MAN AND CANADA	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 200	Menner of injury
Plece Just Olm Date Tele/7	, 19_3_/ Nature of injury
19. UNDERTAKER & PStewart	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Salvalung Hol	If so, specify
20. FILED 2/13, 1937 mass R.Ma	(Signed) C. Luftund M. D. Registrar. (Address) Luftund M. D.
	(Auditos)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

2245

1. PLACE OF DEATH	94
County leconica	Registration Dist. No. 333
Village or City Salishury and	No. 608 Lake St. 9 Ward
Length of residence in city or town where death occurredyrsmo	If death occurred in a horpital or institution, give its NAME instead of street and number)  s
2. FULL NAME Gallering Warkenglos	If U. S. Veteran, specify WAR
(a) Residence: No. 6-8- Lule (Usual place of abode)	St., Ward.  If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Subruary 10 (193)  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) /9 3 7 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	I last saw h. M. alive on
0 na 5 lday,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of ones.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Syphilis
10. Date decessed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Salvalusup mu	Other Contributory Causes of Importance:
13. NAME Oliford Washington	
13. NAME Oliford Washington  14. BIRTHPLACE (city or town) Prince of Country)  (State or country)	Name of operation Date of What test confirmed diagnosis? Chuncal Was there an autopsy? To
15. MAIDEN NAME Pertha boarbeld	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Settle Construction  16. BIRTHPLACE (city or town). Ruch a swalker (State or country)	Accident, suicide, or homicide?
17. INFORMANT lelifart washington	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALS strategy 7124  Place still serve Date by the 19, 19 3	Menner of injury
19. UNDERTAKER Joss Sturent	24. Was disease or injury in eny way related to occupetion of deceased?
20. FILED Leve 14, 1939 & Thay June	(Signed) (Signed) M. D.
Registrar.	(Address) falis vury ma.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis 1445 8 103	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

PHYSICIANS Exact statement

of OCCUPA.

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 2246
1. PLACE OF DEATH  County Wie builded.	Registration Dist. No. 333
Village or City Sales bun, Wed	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?yrsds.
(a) Residence: De Que or R (Usual place of abode)	S 96t., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Munni Halson	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Devz 8 - 187 #	I last saw h alive on 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
62 1 2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Frede, profession, or particular	were as follows:
6 kind of work done, as SPINNER, Merchant SAWYER, BOOKKEEPER, etc.	Ol i i t t't' o i i t' o o o
9. Industry or business in which	Chronic interstitual nephritis Quisa,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	distration i Useksationa
10. Date deceased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Wesperus Co	Other Contributory Causes of Importance:
(State or country)	- Outer-Oute
13. NAME Genry V. Hatson	
14. BIRTHPLACE (city or town) unomore 60	Neme of operation. Date of
(State or country)	Whet test confirmed diagnosis?
E 15. MAIDEN NAME (AMNIE V Riles	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CANNEL V Ciley  16. BIRTHPLACE (city or town) LICEOPEUS . CO	Accident, suicide, or homicide?
State er country)	Where did injury occur?
17. INFORMANT Man Dear To Wy ford	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Me Carried Com Date Mel. 20, 19937	Nature of injury
19. UNDERTAKER Bundik Johnson 468	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Chanceler ve	if so, specify

Registrar.

(Signed).

2mg

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 \\\\\ 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

400

V. S. No. 1

ST.	ATE OF N	MARYLAND-	CERTUICATE OF DEATH 224	3
1. PLACE OF DEATH	mi &	- M. L	Registration Dist. No. 333	)
Village or City	luly,	MA.	No. St., death occurred in a horpital or institution, give its NAME instead of street and number)	_Ward
Length of residence in city	or town where deeth occ			ds.
2. FULL NAME	Vica	c. Ille	If U. S. Veteran, specify WAR	
(a) Residence; No.	enon (U	sual place of abode)	St., Ward. Ward. If nonresident give city or town and State	
PERSONAL AND	STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SER 4. OLOR		CLE, MARRIED, WIDOWED, DAVORCED (write the word)	21. DATE OF DEATH Fiel. 21. 193	7
5e. If merried, widowed, or divorce	sh	iavace.	(Month) (Day)	ar)
(or) WIFE of Dell	nar My	Metater	i HEREBY CERTIFY, That I attended deceases	d from
6. DATE OF BIRTH (month, day, e	nd year) Fiel	21. 1920	1 last saw h alive on 7 L. 21 ,1937 ; death	is sald
6. DATE OF BIRTH (month, day, et 7. AGE Yeers 8. Trade, profession, or partic		Days If LESS than	to have occurred on the date stated above, at 4.45.4.	
17	0 0	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	fonset
8. Trade, profession, or particle kind of work done, es SAWYER, BOOKKEEPE	SPINNER.	u wife	buffeling in abortions date	Tollset
l les I	hich K MILL,	I forme	The infection followed an abortion, the cause	)
9. Industry or business in w work wes done, as SIL I SAW MILL, BANK, etc. 10. Dete deceated last worked this occupation (month		11. Total time (years)	of which is unknown to the physician's	
this occupation (month	and/937	spent in this occupation	Cwt R.	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  13. NAME	renon	md	Other Contributory Causes of Importance:	
13. NAME Pall	m 74	uni		
	Merron	a 1	Neme of operation home Dete of	
14. BIRTHPLACE (city or town (Stete or country)	)/	mq.	What test confirmed diagnosis? Was there an autopsy?	-
15. MAIDEN NAME	mer !	tream a	2. Pleath was due to external causes (VIOLENCE) filf In also the following	
15. MAIDEN NAME  16. BIRTHPLACE (city or town (State or country)	Delal	e Islan	Accident, suicide, or homicide?	)
≥ (State or country)	ma		Where did Injury occur?	
	ran M	Melaler	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)	IOVAL	1. 1	Menner of injury	
Phlenma	Ma Dalg	14,29,193/	Nature of Injury	******
19. UNDERTAKER Fred	J. Met	3/2,20	24 Wes disease or injury in any way related to goodpation of deceased?	
(Address) alla	26 11.11	and Ma	If so, specify	
20. FILED Fel. 21., 19	57 V. M	ray Jumes Registrar.	(Signed) full strain and	M. D
	If more blanks ar	e needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

2217

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Cerebral hemorrhage 1037	July 5,1927	Peritonitis	3 days ago	
V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

His feting was imple to Hooft in deen constitue of	coold to break in Sho bushing
consider clime of her.	My for

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

Exact statement of OCCUPA-

item of infor-

## STATE OF MARYLAND-CERTIFICATE OF DEATH

2248

1. PLACE OF DEATH	(165)
County Wicomics	Registration Dist. No. 3 3 2
Village or City near Willards md 'lou	taxode) St., War
	f death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME Baxace Lee Hilkins	If U. S. Veteran, specify WAR Alex & C. C. Can
(a) Residence: No. Willards	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mite, 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased fr
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fr
DATE OF BIRTH (month, day, and year) Feb.	1 last saw h alive on 19 death is s
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3
22 0 3 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Date of on
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Strangelphon
9. Industry or business in which work was done, as SILK MILL,	8 . 1 .
9. Industry or business in which work was done, as SiLK MILL, SAW MILL, BANK, etc	Turche
this occupation (month and year) this occupation 1537	Of a
12. BIRTHPLACE (city or town) Near Hillards me	Other Contributory Causes of importence:
(State or country)	
13. NAME William Wilking	
14. BIRTHPLACE (city or town) Near Willand	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emmast, Littleton	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) A Caare View &	Accident, suicide, or haminite? Date of injury 2/6, 193
(State or country) Adame	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William Wilkins	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Setteralle mid.	Pocourte flive,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury . Hanging try rope for
Piace/fershtppelem-Date Itel 12., 193/	Nature of injury Arel Strangelett.
19. UNDERTAKER Win Howard Wells,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Tittainly mo	_ If so, specify
20. FILED TEV- 10, 1937. Lillian R. Davi	(Signed)
Registrar.	(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1937	July 5,1927	Peritonitis	3 days ago
BUNEAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	1000
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is yery important. See instructions on back of certificate.

STATE OF MAI	RYLAND-	CERTIFICA	TE OF	DEATH
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63	13	All	4	a	
1	1	13	4	ā	
4	4	T	9	7	

1. PLACE OF DEATH	220
County / Filomila	Registration Dist. No. 322
Village or City Nr. Willards Me	No. St., Ward
Length of rasidance in city or town where death occurred 200 yrs	If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?yrsmosds.
· h	ds. How long in U.S. if of foreign blrth? yrs. mos. ds.
(a) Residence: No. Willards Contrad	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rafile the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
0 00.0	, 19 , to , 19 , 19 , 19
6. DATE OF BIRTH (month, day, and year) (lig. 1, 1912)	I last saw h Ama alive on 74. / 5 , 19.37; death is said
7. AGE Years Months Days If LESS than I day,hrs	to have occurred on the date stated abova, at
24 6 8 or min.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance we're as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sun sout veged of heart 2-16-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date daceesed lest worked at this occupation whom the second time (years) spent in this year)	
12. BIRTHPLACE (city or town) Near Willards	Other Contributory Causes of importance:
(State or pospitry)	,
13. NAME TO ME IT WILLIAM 14. BIRTHPLACE (city or town) Mr. New Hope	
Y 14. BIRTHPLACE (city or town) W. Market Market	Neme of operation
15. MAIDEN NAME Pella M. Jourseus	23. If daath was due to axternal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mr. Diffuy on the Comments of th	Accident, suicide, or homicide Duricide Dete of injury 2 1/6 , 1939
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT The It level, (Addyess) Hillards Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, SEMATION, OR REMOVAL P 21	Menner of injury burnshit want of heart.
Place lew Jope Lew Data Tel- 18 , 193	Neture of injury
19. UNDERTAKER Wm Boward Wells.	24. Was disaase or injury in any way ralated to occupation of deceased?
(Address) Pitteriffe md.	If so, specify
20. FILEDTESC. 16, 1927 Lillian Can	(Address) fillars md,
If more blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE E	OR E	TURTHER	STATEMENTS	RY	PHYSICIAN
VIDITIONAT	SI WOLL	OIL	CICITITIE	PINTIMITATIO	T) T	THISTOIGH

AGE should be stated EXACTLY.

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

properly classified.

PHYSICIANS should state

of OCCUPA.

Exact statement

	1. PLACE OF DEATH	460		
		No. A. S. Haspital Salisbury of St., 13 Ward death occurred in a horbital or institution, give its NAME instead of street and number)		
rtant. See instructions	2. FULL NAME  (a) Residence: No.  (b) Annie (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Terrale Terrale OF DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)		
on back of	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert H. Williams	22. I HEREBY GERTIFY. That I attended deceased from  Jan 5 , 19 7 , to 24 , 19 7		
	6. DATE OF BIRTH (month, day, and yeer)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as foliage:		
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and, year)			
	12. BIRTHPLACE (city or town) Calen (State or country)  13. NAME Henry D. Ladving	Other Contributory Causes of Importance Carcinomia  4 Clum - Cecostomy 1932  4 Colontomy 7		
See	14. BIRTHPLACE (city or town) — J.	What test confirmed diagnosis? Was there an autopsy?		
	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		
great .	18. BURIAL, CREMATION, OR REMOVAL Place partend Generalalishingate Jel. 26., 1937	Manner of Injury		
TION	19. UNDERTAKER Afra list Massilet Some (Address) Binaline, M. May Juvull.  20. FILED Let 27, 1937 L. May Juvull. Registrar.	24. Was disease or injury in any way related to occupetion of deceased.  If so, specify  (Signed)		

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Example I	) i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year